

Child and Adolescent Health Centers

Research-based and Promising Program Interventions

The Child and Adolescent Health Center Program requires each state-funded center to select a minimum of two focus areas for specific programming or clinical interventions. For your reference, the following is a list of research-based and promising program interventions, many of which are currently being used by state-funded elementary and/or adolescent centers in Michigan. This is NOT an exhaustive list of possible programs and interventions that are approved for use in state-funded centers. This is also not an exhaustive list of agencies/organizations that recommend these or other research-based or promising programs. The intention of this list is to offer a starting place for your center as you research the programs and interventions that are best suited to your target population and its specific needs.

For *any* program to be effective, whether or not it is identified as research-based, it should fit well with the target population and its needs, be implemented with fidelity to the original program by trained staff, and be appropriately evaluated for outcomes.

The HIV/AIDS and teen pregnancy prevention programs are listed together. This is because many of these programs target sexual behaviors, which can reduce risk for both sexually transmitted infections and pregnancy. Some programs have documented outcomes in reducing sexually transmitted infections, some have shown reductions in pregnancy, some have impacted both while others have outcomes specific to sexual behaviors and/or other antecedents to STI's (including HIV) and pregnancy. Again, you should research programs that specifically target the population, behaviors and outcomes you want to impact to find the best match.

Asthma

Children – Under age 7 years

- Wee Wheezers (AAFA, CDC)
**Mainly for parents, children join parents in last two sessions*
**Also in Spanish*

Ages 7 to 12, Children and Their Families

- ACT: Asthma Care Training for Kids (AAFA, CDC)
- Open Airways (ALA, CDC)
**Also in Spanish*

Adolescents

- Power Breathing (AAFA, CDC)

School Staff and Faculty

- Asthma 101 (ALA)
**If selected, an intervention targeted directly to youth should also be used*

Tobacco Prevention

Prevention

Elementary – Provided by Adolescent Peers

- TATU

Adolescents

- Life Skills (multiple references)
- Midwest Prevention Project (CSPV –Blueprints, SAMHSA)
- TND: Toward No Drug Abuse (CSPV-Blueprints, SAMHSA)
- Project Alert (CSPV-Blueprints, PPN)

Cessation

- Not On Tobacco (ALA)
**For adolescents 14-19 Years*
- Fresh Start (ACS)
**Mainly for adults; could be suitable for use with older adolescents/alternative ed*

Obesity/Nutrition/Physical Activity

Children – Under age 10 years

- Bienestar (NCI)
- Eat Well and Keep Moving (NCI)
- Five-a-Day Power Plus (NCI)
- Gimme 5 (NCI)
- High 5 Fruit and Vegetable Intervention for 4th Graders (NCI)
- SPARK: Sports, Play and Active Recreation for Kids (NCI)
- Traffic Light Diet

Adolescents

- CATCH: Coordinated Approach to Health (NCI)
- Media Smart Youth: Eat, Think and Be Active! (NIH)
**Pilot program for 11 to 13 years*
- Native Facets for Native Americans (NCI)
- Planet Health (NCI)
- SHAPEDOWN (NCI)
- TEENS: Teens Eating for Energy and Nutrition at School (NCI)
- Trim Kids (NCI)
- Jump up and Go (BCBS)
**Clinical-based; good in conjunction with other programs/educational interventions*
- Jump Into Food and Fitness (MSU Extension)
**Ages 8 to 11 years*
- Way to Go Kids
**Ages 9 to 14 years; with an RD*

HIV-AIDS and Pregnancy Prevention

Multiple references exist for sexuality programs targeting adolescents. Some of the most widely-recognized programs include the following:

- BART: Becoming a Responsible Teen
- Be Proud, Be Responsible
- Draw the Line, Respect the Line
- Get Real About AIDS
- Making Proud Choices
- Poder Latino
- Reducing the Risk
- Safer Choices
- Teen Outreach Program
- Teen Talk (for males)
- Wise Guys (for males)

Options to Consider for Younger Youth:

- Postponing Sexual Involvement
- Puberty: The Wonder Years
- Sex Can Wait

Note: The National Campaign to Prevent Teen Pregnancy, Centers for Disease Control and Prevention, ETR and Associates, and Advocates for Youth are a few of the many good sources of programs in this area.

Mental Health

Children – Under age 8 Years: Aggression and Behavior

- The Incredible Years (OJJDP, CSPV-Blueprints)

Children – 7 to 11 years: Anxiety

- FRIENDS (CSMHA)
**Cognitive-behavioral treatment for anxiety disorders; weekly, small-group intervention*

Children and Adolescents – Social Skills Development

- Skillstreaming (CSMHA)
**Classroom or small group intervention*

Adolescents - Gender Violence

- Gender Violence, Gender Justice (SDFS)

Adolescents – Suicide Prevention

- SOS: Signs of Suicide (SAMHSA)

Adolescents – Trauma in Schools

- CBITS: Cognitive Behavioral Intervention for Trauma in Schools (PPN, CSMHA)
**Individual or group intervention for trauma exposed adolescents*

Adolescents - Violence Prevention

- Olweus Bullying Prevention Program (CSPV-Blueprints, SAMHSA)
- Peace Builders (SDFS)

Clinical Interventions

Myriad sources publish clinical standards of care, guidelines and recommendations to assist in selecting effective clinical interventions/management. Some of the many include:

- Cochrane Collaboration
- Agency for Health Care and Policy Research
- Agency for Healthcare Research and Quality
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- Bright Futures
- Centers for Disease Control and Prevention
- Center for Advancement of Health
- Evidence for Policy and Practice Information
- Guidelines for Adolescent Preventive Services
- Guide to Community Preventive Services
- National Cancer Institute
- National Heart, Lung and Blood Institute
- US Public Health Service Guidelines

**Hint: Many centers identify clinical interventions in a focus area but struggle to identify from where the guidelines for the intervention came. For example, if your center identified an intensive clinical intervention around tobacco use as part of the work plan, your reference might be one of the following:*

- BC Cancer Agency, Brief Clinical Interventions: Strategies for Tobacco Use based on the 5 A's
- AHCPR Supported Clinical Practice Guidelines for Treating Tobacco Use and Dependence; Brief Clinical Interventions
- US Public Health Service Guidelines for Treating Tobacco Use and Dependence, in JAMA

Acronym Guide

Common acronyms used in this document to identify sources of programs and/or program recommendations which we have found to be very helpful:

- **AAFA** – Asthma and Allergy Foundation of American
- **AFY** – Advocates for Youth
- **ACS** – American Cancer Society
- **ALA** – American Lung Association
- **CDC** – Centers for Disease Control and Prevention
- **CSMHA** – Center for School Mental Health Assistance
- **ETR** – ETR and Associates
- **GCPS** – Guide to Community Preventive Services
- **CSPV-Blueprints** - Center for Substance Use Prevention, Western Center for the Application of Prevention Technologies, Blueprints Project
- **NCTP2**: National Campaign to Prevent Teen Pregnancy
- **NCI** – National Cancer Institute
- **NIH** - National Institutes for Health
- **OJJDP** – Office of Juvenile Justice and Delinquency Prevention
- **PPN** – Promising Practices Network
- **SAMHSA** – Substance Abuse and Mental Health Services Administration
- **SDFS** – Safe and Drug-Free Schools